

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90355 003 ***550.00

DOCUMENT # F84484

1. Entity Name
GREAT EAGLE, INC.

Principal Place of Business
% CLAUDE C. FOCARDI
2310 STARKEY ROAD
LARGO FL 33771
US

Mailing Address
% CLAUDE C. FOCARDI
2310 STARKEY ROAD
LARGO FL 33771
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2201065**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOCARDI, CLAUDE C.
2310 STARKEY ROAD
LARGO FL 34641

Name
Petrini, Ronald R.
 Street Address (P.O. Box Number is Not Acceptable)
122 Harborview Lane
 City
Largo **FL** Zip Code
33770

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/9/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBRIGHT, CRAIG A. 119 OZONA RIVE PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOCARDI, NINA 2432 PELHAM RD N ST PETERSBURG, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, RICHARD 14567 102ND AVE N LARGO, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETRINI, RONALD R. 12951 ESTATE TERRACE S. LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SOKOLOWSKI, CLAUDIA (AST 8341 144 LANE N. SEMINOLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, DONALD 49 BISHOP CREEK DR. SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, RICHARD 3044 BRANCH DRIVE CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE NEW REGISTERED AGENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SOKOLOWSKI, CLAUDIA (AST 2340 EDGEWATER LANE LARGO, FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-02 (727) 584-8626